

TENNESSEE STATE BOARD OF EDUCATION	
OPPORTUNITY PUBLIC CHARTER SCHOOL POLICY	6.114

Policy Sections:

- I. At-Risk Student Eligibility
- II. Verification Forms

I. At-Risk Student Eligibility

- (1) Pursuant to State Board of Education Rule 0520-14-01-.04(15), an opportunity public charter school (OPCS) shall verify a student is at-risk upon enrollment in the OPCS in accordance with the definition of “at-risk student” at T.C.A. § 49-13-104(3). If a student has withdrawn from the OPCS and subsequently re-enrolls, the OPCS shall verify at-risk eligibility at the time of re-enrollment.
- (2) An OPCS shall verify that an enrolling student is a member of a family with a household income that does not exceed four hundred percent (400%) of the federal poverty level.¹ The OPCS shall affix photocopies of any document demonstrating household income to the required verification form (A, B, or C). Income verification shall be established through one (1) of the following:
 - (a) A federal income tax return from the previous year or Form 1040;²
 - (b) Temporary Assistance for Needy Families (TANF) Families First most recent benefits statement or letter of eligibility dated within the past 12 months;
 - (c) Supplemental Nutrition Assistance Program (SNAP) most recent benefit statement or letter of eligibility indicating the student as a recipient dated within the past 12 months;
 - ~~(d) TennCare benefits that are currently active for the child on the application, including a card or verification letter;~~
 - ~~(e)~~(d) Documentation of the student’s classification as economically disadvantaged in the state’s longitudinal educational database; or
 - ~~(f)~~(e) A written attestation provided by the household ~~as to documenting the total household income. The written attestation shall include together with~~ the following supporting documentation for each member of the household contributing to the household income and for each source of current income:
 1. The ~~household’s~~ most recent paystub(s), W2(s), or other wage statement(s);

¹ Household income shall be reviewed using the U.S. Department of Agriculture’s income eligibility guidelines.

² Line 9 on the 1040 Tax Return will be the income considered for eligibility.

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2. The ~~household's~~ most recent IRS Form 1099(s) or other tax filing(s); or
3. Depository institution statement(s) dated within the past 12 months demonstrating regular income.

(3) In addition to verifying household income, an OPCS shall verify that an enrolling student meets one (1) of the criteria included in Table 1 of this Policy. Verification shall be established through completion of the corresponding verification form.

(a) If the enrolling student meets more than one (1) of the at-risk eligibility categories, the enrolling student's parent or legal guardian shall only be required to select and submit the corresponding verification form for one (1) of the criteria.

~~(3)~~(4) Verification forms and household income documents shall be provided to the OPCS at the time of enrollment or re-enrollment and shall be retained by the OPCS and securely stored in the student's cumulative file in accordance with any requirements of state and federal law.

Table 1.

Student Eligibility Criteria (Select One)	Required Verification Form
Dropped out of school without obtaining a high school diploma or a high school equivalency credential.	Verification Form A
Has been adjudicated as a juvenile delinquent or is awaiting disposition of charges that may result in adjudication as a delinquent.	Verification Form B
Has previously been detained or incarcerated in a juvenile detention center. A student's prior overnight detention in such a facility, regardless of the ultimate outcome of any criminal charges, is sufficient to meet this at-risk criterion.	Verification Form B
Has been retained at least twice in any of the grades kindergarten through eight (K-8), or the student is <u>at least</u> one (1) or more years behind in obtaining the credit required for promotion to the next grade level or to graduate from high school in four (4) years with the student's cohort.	Verification Form A
Was chronically absent as defined in Tennessee's Every Student Succeeds Act (ESSA) plan established pursuant to the Every Student Succeeds Act (20 U.S.C. § 6301 et seq.), as determined by attendance data from the school year immediately preceding the student's enrollment in the OPCS.	Verification Form A
Is pregnant or a parent, as defined in T.C.A. § 49-1-903.	Verification Form C
Has a documented substance abuse issue.	Verification Form C
Has experienced circumstances of abuse or neglect.	Verification Form B

II. Verification Forms A-C

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Verification Form A

This form shall be used to verify that the student enrolling in an opportunity public charter school (OPCS) meets one of the below criteria. This form may only be completed by a school's principal (or designee) or local education agency employee with access to the student's longitudinal education data.

1. The student has dropped out of school without obtaining a high school diploma or a high school equivalency credential;
2. The student has been retained at least twice in any of the grades kindergarten through eight (K-8), or the student is at least one (1) ~~or more~~ years behind in obtaining the credit required for promotion to the next grade level or to graduate from high school in four (4) years with the student's cohort; or
3. The student was chronically absent, as defined in Tennessee's Every Student Succeeds Act (ESSA) plan established pursuant to the Every Student Succeeds Act (20 U.S.C. § 6301 et seq.), as determined by attendance data from the school year immediately preceding the student's enrollment in the OPCS.³

I, _____ (name), employed by _____
 (employer), located at _____ (employer's address), hereby certify
 that _____ (name of enrolling student), born on _____ (enrolling
 student's date of birth) and is applying to enroll in _____ (name of
 OPCS) meets at least one (1) of the criteria listed on this verification form. I solemnly affirm that the
 contents of the foregoing are true to the best of my knowledge, information, and belief.

Signature of Attesting Professional

Date

Printed Name

³ Tennessee's ESSA Plan defines chronic absenteeism as "The chronically out of school metric accounts for students who are chronically absent and includes out of school suspension. This metric captures the percent of students missing 10 percent or more of school year due to absences or out of school suspensions."

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Employer

Contact Phone

Job Title/Role with Employer

Contact Email

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THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE.

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Verification Form B

This form shall be used to verify the student enrolling in an opportunity public charter school (OPCS) meets one (1) of the below criteria. The form shall only be completed by an employee of a child welfare agency involved in the student's case, an employee of the juvenile detention center in which the student was detained, or the student's probation or parole officer.

1. The student has been adjudicated as a juvenile delinquent or is awaiting disposition of charges that may result in adjudication as a delinquent;
2. The student has previously been detained or incarcerated in a juvenile detention center (note: a student's prior overnight detention in such a facility, regardless of the ultimate outcome of any criminal charges, is sufficient to meet this at-risk criterion); or
3. The student has experienced circumstances of abuse or neglect, as determined by: 1) a court order from this or any other state finding the student has experienced abuse or neglect; or 2) a court order or other official document from this or any other state demonstrating that the child is or was the subject of a substantiated child protective services investigation.

I, _____ (name), employed by _____
 (employer), located at _____ (employer's address), hereby certify
 that _____ (name of enrolling student), born on _____ (enrolling
 student's date of birth) and is applying to enroll in _____ (name of
 OPCS) meets at least one (1) of the criteria listed on this verification form. I solemnly affirm that the
 contents of the foregoing are true to the best of my knowledge, information, and belief.

 Signature of Attesting Professional

 Date

 Printed Name

 Employer

 Contact Phone

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Job Title/Role with Employer

[Contact](#) Email

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Verification Form C

This form shall be used to verify the student enrolling in an opportunity public charter school (OPCS) meets one (1) of the below criteria and shall only be completed by a licensed legal, medical, or social service professional treating the student or involved in the student's medical or legal case.

1. The student is pregnant or a parent, as defined in T.C.A. § 49-1-903;⁴ or
2. The student has a documented substance abuse issue.

I, _____ (name), employed by _____
 (employer), located at _____ (employer's address), hereby certify
 that _____ (name of enrolling student), born on _____ (enrolling
 student's date of birth) and is applying to enroll in _____ (name of
 OPCS) meets at least one (1) of the criteria listed on this verification form. I solemnly affirm that the
 contents of the foregoing are true to the best of my knowledge, information, and belief.

Signature of Attesting Professional

Date

Printed Name

Employer

Contact Phone

Job Title/Role with Employer

Contact Email

⁴ T.C.A. § 49-1-903 defines "parent" as "a child's parent or guardian; a person who has custody of the child; or a person designated as the child's caregiver with the power of attorney for the care of the minor child pursuant to the Power of Attorney for Care of a Minor Child Act, compiled in title 34, chapter 6, part 3, who is authorized to enroll the child in public school pursuant to § 49-6-3001."

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